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# Flexibility is the Key to Airpower Medical Power is the Key to Operations Success: Lessons Learned from Flying Operations over the Balkans

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## SUMMARY

This paper presents a brief overview of the European situation as described during the Summit Meeting of the Head of States in Washington, April 1999.

The requirements for adequate Health Care Management from a military operational standpoint will be reviewed. The preparation and training, the situation in combat operations as well as after action care for airmen will be described, along with a discussion of lessons learned from recent military operations with special emphasis on the German view.

## Introduction

During the Summit meeting of the Heads of State in April 1999 NATO responded to the fundamental and dramatic changes in the Euro-Atlantic landscape by proclaiming the Alliance's new Strategic Concept.

In the introduction of the Alliance's Concept they stated as a sumup: **"Although we have experienced an improving security situation within the Euro-Atlantic area, we do have to be aware of security challenges and risks that still may arise to anyone of us."**

Furthermore they stated in Part II: **"These military or non-military risks may be multidirectional and often difficult to predict."**

What does this mean for military leaders? It simplified means, that the call for military missions may arise adhoc and may lead into military operations at a non predictable scale and upfront at unknown locations. Airforces therefore have to provide suitable and credible military means to the politicians for conflict prevention and crisis management.

Due to the characteristics of airforces - particularly flexibility, which could be assessed as the key to airpower - they take on a special role in crisis management once it comes to military operations. They have the inherent capability to rapidly contribute to escalating or deescalating a crisis situation by fast deployment and dedicated concentration of versatile forces; this is unique and clearly distinct from any other military means in the political process of crisis management.

Due to this very unique capability most of the airforces are kept at a high readiness state and represent a very powerful and sensitive political instrument. Airforces provide the opportunity to engage effectively in a conflict without exposing a larger number of troops / of soldiers into the range of weapons of an opponent or conflict adversary.

No matter what crisis situation of the recent past we take a look at. It was always to the airforces to be the service of the first hours. Examples are: Operation DESERT STORM where airforces of the alliance conducted the initial combat missions or the KOSOVO-crisis or the Chechnya-conflict. The first and early missions were always to the airforces.

In case of an engagement after governmental approval, the military leaders will give the final execution order for combat operations. This circumstance puts them into a very distinguished responsibility to the warfighters and to the public media.

What does **this** distinguished responsibility include? – On the one hand it calls for well equipped smart weapon systems on a high maintenance level, and on the other hand it especially demands highly trained, stressresistant and healthy people able and capable to deal with all types of challenges during various phases of military operations.

It is the military leaders responsibility to ensure that the warfighter is being brought into the condition that he or she is able to cope with the demand and to perform with a sufficient level / probability of success and survivability in a complex hostile environment so as to meet the challenges of combat operations of nowadays and in future. The realization of proposals and goals derived from this needs are to be fully in line with the Geneva Convention.

### **Mission effectiveness and survivability**

Of utmost importance for combat effectiveness is good Health Care Management. This includes adequate medical capabilities and installations, but even more important is adequate care for the human being itself and his human rights. What does Health Care and Medical Power mean? The frame of Health Care and Medical Power is much more than physical treatments and physical therapy. It includes the psychological aspect in a most prominent position.

Both **physiology and psychology** are two equal pillars for a balanced, strong, resistant and healthy human being, able to perform his mission under all circumstances of military operations and during all possible phases of crisis management.

If one pillar of the selfstabilizing dynamic system is weakened beyond an acceptable limit, the risk of a loss of stability increases, thus evolving the danger that the task or mission will not be fulfilled adequately.

To understand the complexity of this issue it is important in a first step to identify the fundamental areas / the parts / the pillars of a very simplified model of soldiers as human beings.

The second step is to identify the **requirements and challenges**, or better described as the operational baseline, that warfighters / aircrews must achieve, such as stress resistance and physical condition.

The challenges that will have to be met in today's environment are really demanding. So military leaders have to focus on these aspects and areas which could support the endeavor necessary to achieve the aims in the most efficient way.

The proposals are most similar: - All of the efforts must be aimed to provide a most stress resistant and healthy warfighter, ready, well trained and highly motivated when it comes to combat operations.

### **Preparation / training**

As a first step, let us take a look at the preparation / training phase, again regarding the physical and the psychological pillar.

The aim of the effort, spoken in physical terms of reference, is to achieve and maintain a certain level of physical fitness. The question is "HOW ?" – Physical fitness is achieved by adequate training and exercising. The catchword is: Train as you fight! - If you exercise your body, you will expose it to demanding efforts and you will have to give it the chance for recreation as well.

All personnel, especially aircrews, are aware about the importance of **physical fitness** when the time for regular checkups has come. This certainly applies to a soldier on the ground and an aircrew as well.

So it is not only important to the warfighter in theatre or in conduct of a mission but also to all military personnel to have medical installations like hospitals, recreation facilities with well trained, professional medical personnel and equipment available to conduct reliable medical checkups and sound medical treatments to attain and maintain physical fitness and health.

The words of the famous roman poet **JUVENAL** „**mens sana in corpore sano**“ have proofed to be true and relevant for hundreds of years.

### **The psychological pillar.**

As a fundamental prerequisite, psychological stability has to be aimed for, achieved and conserved during the preparation phase as well. This is much more complex than it seems to be. The areas described may not be comprehensive, but they will point out the dimensions which will have to be taken into consideration when talking about psychological stability.

First of all the **confidence** into own skills, capabilities and limits as the result of training and physical fitness has to be built and regularly strengthened. This is fully in line with the confidence into the effectiveness of own weapon systems and equipment, which is a basic precondition for a warfighters morale.

If on the contrary, equipment obviously does not meet the requirements of modern warfighting, motivation will be diminished, success of training be degraded or even negated and mission effectiveness be tremendously at risk.

The warfighter needs to be provided with sufficient confidence that all operations are and will be conducted in accordance with moral and ethic principles of UN Charta and will be supported by government and public. The justification of a possible engagement must be supported by a broad public, otherwise it will cause individual doubts.

But there are some other, much more **personnel concerns**, concerns of social provision that have to be taken into consideration. Questions for example like: What happens to me and my family, if I get killed or crippled? – The answer to this question will influence the individual performance if they remain unsolved or not answered.

To assess the individual psychological situation a trustful relationship to a psychologist or a trusted agent has to be established, an experienced person who is aware of the specific circumstances and aspects of military life and fully understands the unique situation and the individual problems of soldiers and warfighters.

The psychological pillar is very complex and demanding in its structure and content.

At this point it is quite important to comprehend the various influences that form the basis for a mission success or a mission fail. It is judged to be the basic rationale for dedicated medical health service in peace and war.

## Combat Operations

Maintaining a high level of **physical fitness** during combat operations and individual missions is the most demanding challenge to medical health care management.

In combat aircrews will be exposed to extraordinary physical and mental loads for hours. As an example, the German ECR-Tornado crews got cockpit times of up to eight hours. Being submitted to such circumstances under extreme adverse conditions might easily exhaust aircrews as well, thus approaching **physical and mental limits** in respect to flight-safety.

Consequently, in parallel to best available combat equipment, for compensation sufficient leisure time has to be made available for physical recreation in combination with a variety of exercising opportunities.

This is longing for a close supervision by doctors to track the actual physical condition of any aircrew, to give recommendation to military leaders, whether to task that specific aircrew or not. Close cooperation between the doctors and military leaders and a high level of confidence and confidentiality is of utmost importance.

To enhance the performance of any individual medication as well as nutrition has to be taken into consideration. This means for example that nutrition has to be adapted to geophysical conditions under consideration of individual requirements. The medical advice for a balanced nutrition is essential.

But what if something mishappens? – How do we recover an injured downed aircrew? - Medevac in combination with Combat Search and Rescue has to be available at all times during ongoing operations. Preplanning and credibility of those operations is absolutely mandatory. After the initial rescue and first-aid treatment, follow-up treatment has to be ensured.

This calls for highly flexible operational assets in combination with well equipped and well trained medical personnel.

Lets take a look at the process that takes place in an aircrews mind.

In addition to the items that are relevant during preparation / training phase some more factors are to also relevant, due to the fact that the danger for life is imminent during combat operations and aircrews are aware of this; so they need to deal with it in a conscious manner.

Naturally the aircrew is highly interested in such vital affairs or questions as:

- Will I get killed or injured?
- What kind of treatment can I rely on in case of any mishap?
- Who takes care of me and my family if something will go wrong?
- Will I be able to handle that mission?
- If I fail, will I get rescued? - Recall the pictures of that US soldier, who was downed and dragged through the streets of Mogadishu / Somalia and imagine how this could influence the mental stability in terms of fear and motivation.

Besides the first one, these questions better be answered before. If they remain open, they will work subconsciously and the aircrew will only have limited mental capacity or restricted concentration available to conduct the mission.

Additionally, the tremendous stress load an aircrew encounters in combat mission does not only have a physical but also a mental dimension. Thus, any increase of mental stress has to be avoided or at least reduced to the absolute minimum.

A mental overload may cause in worst case the loss of an aircrew. Every precautionary measure has to be taken to keep it under control or in other words: "Defend the COMBAT FATIGUE SYNDROME."

The military leader has to get the information that an aircrew suffers from this syndrome prior to the tasking. That means a close and trustful relation to the aircrew has to be established either directly or via a third person who has himself established a trustful relation to the aircrew. That might be a psychologist, a buddy-aircrew or anybody else. If an aircrew encounters the combat fatigue syndrome, he needs to get professional help from a psychologist, who is able to restore the mental constitution within a short period of time.

But one thing is much more important: If this situation is encountered something must have gone wrong before. Perhaps that person did not have the chance to fully clarify the questions in regard to his family, or he was not provided adequate training or he did not have the chance to adequately recreate.

A highly demanding mental impact that can happen is the Traumatic Stress Disorder, a symptom that always may arise during combat operations for many different reasons.

The military leaders need to concentrate on the successful conduct of the campaign and this could rather absorb their attention. Therefore they need professional support by medical and / or physiological health care specialists, available in theatre and directly to be involved as necessary.

### **After action**

Once combat operations have been terminated military leaders are obliged to think about and prepare reestablishing the physical constitution of the aircrews / warfighters. There is a need to have medical facilities, such as hospitals, health resorts and recreational facilities but first of all, but there is also a need for experienced and well trained medical experts to conduct the necessary after action measures.

For injuries such as Post Traumatic Stress Symptom or Disorder and Combat Fatigue Syndrome psychological support to reestablish normal living conditions has to be provided.

That simplified are the demands to after action healthcare. In fact it is a long lasting process and in certain cases a most complex one. Therefore it is crucial that military leaders and their medical advisors have to take this into consideration at the earliest point of time and ensure arrangements suitable to cope for sufficient accompany and if necessary for adequate medical treatment over the period of time required.

### **Provisional Sumup**

I tried to analyze the special demands that military missions, flying operations pose to medical support of aircrews during the three main phases of operations.

I have pointed out, that on the one hand medical support functions and capabilities such as MEDEVAC, hospitals, surgery etc. do have tremendous influence on the psychological constitution of an individual airman, although the factors solemnly seem to be responsible for physiological care.

I delineated that a good physiological fitness in connection with confidence into own skills and capabilities is essential to support a strong psychological constitution.

I underlined that besides general medical healthcare aspects also social environment and personal aspects contribute to the psychological constitution of a soldier and airman. In consequence, successful mission accomplishment particularly requires precautionary measures to avoid or at least reduce stress increasing factors.

### **Discussion and assessment of lessons learned from recent operations/activities**

What are the experiences gained from flying operations over the Balkans.

As the situation in former Yugoslavia escalated and it became obvious that military operations would have to be taken to preserve respectively restore peace and stability within the Euro-Atlantic region, the preparation phase of earmarked or NATO-assigned troops began.

During all the preliminary phases it was noted that the physical condition of the aircrews was excellent, thus providing a sound basis for planning, preparing and ultimately executing the mission effectively. This was especially due to the fact, that military leaders could fully rely on a well functioning, highly professional medical health care system which supported all activities in a dedicated way and thus guaranteed success throughout the campaign at any times.

This was the solid and at the end successful result of a long-lasting medical process of general health care and checkups together with self-discipline of the aircrews.

A very important role in this process came to the flight surgeon within the wing. He has been even more than a well known person to the aircrews. He is one of them, or in other words the trusted agent for most of the aircrews and additionally a well proven mediator in some critical situations with reliance to physical and mental conditions. One lesson learned out of it was, the concept of flight surgery proofed to be perfectly right and excluded avoidable limiting factors to a large scale.

Another major area of interest was to strengthen the psychological pillar. Particularly, this was emphasized due to the fact that for the first time since World War II the Luftwaffe was to be engaged in hot combat missions. All preparatory activities had to be regarded against this very special background and dedicated precautionary measures deemed to be mandatory.

On the verge of the war the training of the aircrews was intensified. They for example got courses in stress management and survival procedures. They were prepared that life at home most probably would change during their absence and they were provided advice in order to deal with the fact that their family would develop towards an increased level of independence.

The wing implemented a family care center as an installation to inform, to help and to provide assistance to the families at home. Points of contact were established to practically support the families or single persons left back. The frame of supportive work enclosed a broad spectrum of assistance, ranging from help in official affairs up to plumbers job as well.

A priest and a psychologist's service was established. During regular meetings they also established and maintained a close contact to the families. They were available and responsive to provide spiritual or mental support at all times, if required.

This turned out to be most beneficial at least for maintaining or even increasing the morale of the aircrews, because they were granted a sound feeling that their families received the support they needed.

Thus a main potential stress factor was removed from the aircrews.

As expected, the media were highly interested in gathering informations about the aircrews and their families. Providing official information while preserving privacy of the aircrews and their families became a challenge to the wing. And as the challenge was increased privacy could only be preserved by really coordinated and concentrated efforts. Following this approach it could be also achieved that the aircrews got the knowledge / the feeling of being taken care of by an institution like the Luftwaffe. Undoubtedly, this in addition was essential for final mission success. In the end a mandatory sound and supportive social environment could be provided continuously and turned out to be most fruitful.

At the deployed operating base a medical component, enforced by a priest and psychologist, was established. Their task was to supervise and to strengthen the psychological condition of the aircrews and –if necessary- to give a warning hint to the military leaders before a critical situation fully evolved or became apparent.

In the beginning aircrews tended to be reluctant in getting into contact with or even consulting the psychologist on a voluntary basis. However, as soon as they recognized and got the experience that it might be at least helpful to talk to somebody in privacy about personal problems and to feel the relief after such a conversation, the situation changed completely and full acceptance arose towards this institution.

In the Luftwaffe a psychologist who shared the activities of the wing on a regular basis is assigned to each wing in order to establish and to develop a sound and trustful relationship with the aircrews.

Fortunately, German Airforce crews were not forced to be rescued during combat action and gracefully, none of the aircrews was physically injured. Nevertheless, they were prepared for such situations, so far mainly relying on our alliance partner's capabilities in Combat Search and Rescue.

Trustful psychological care is of high value for morale and consequently for combat readiness and it is an indispensable complement to physical health care.

### **Final conclusion**

The success of the flying operations over the Balkans is not only a result of military operations at its own. To a large scale, it also is the result of a long-lasting and ongoing process of health care management as well. Health care with medical capabilities to provide both, individual psychological strength and physiological stability.

This contribution cannot be over-estimated and deserves high recognition by military leaders during all phases of a campaign.

Military operations need to be accompanied throughout all phases by adequate and dedicated health care provisions and measures. From preparation phase up to and including after action activities.

Military leaders are responsible for our aircrews / warfighters upon entering service. They do have to provide best equipment, training and provision for efficient mission execution. But this is only one side of the coin, which needs to be regarded in a non-separable unity with the second one called “care”.

**Medical health care is a mandatory prerequisite**, which needs to be visible, efficient and credible to the individual soldier, and it requires to be trustworthy and confidential in handling personal matters as well.

Only if we can achieve full implementation of these aims, then we will have a realistic chance to get a warfighter who is not only able to meet the technical challenges of modern warfighting, but who also is capable and has the necessary morale to execute his mission with a high degree of success and survivability.

This finally leads to the assessment that medical power becomes or already is a key to operations success.